



Declaration for Nomination and Oath of Candidacy

FOR FILING
OFFICE ONLY

Filed this _____ day of _____, 20____
Document # _____ 19____
Fee paid: ☐ cash ☐ check _____ ☐ credit
By: _____
Deputy or Filing Officer

DECLARATION AND OATH OF CANDIDACY TO BE FILED WITH SECRETARY OF STATE OR COUNTY ELECTION ADMINISTRATOR AS APPLICABLE

Filing for office of: Billings municipal court Judge ☐ _____ OR ☒ Nonpartisan
Full name of office including district and/or department numbers if applicable Name of Political Party

Candidate Name (printed exactly as it should appear on the ballot): Judge Sheila R. Kolar

Mailing Address 3031 Grand ave. Suite 100 Box 211 City and State Billings mt 5 Zip Code 59102

Residence Address 3031 Grand Avenue City and State Billings mt Zip Code 59102

County of Residence Yellowstone Contact Phone 406-861-6370 Email Address Sheila.Kolar2001@yahoo.com Website Address _____

IF THIS DECLARATION IS FOR THE OFFICE OF GOVERNOR, YOU MUST COMPLETE THE FOLLOWING INFORMATION:

Lieutenant Governor Name (printed exactly as it should appear on the ballot): _____
Mailing Address: _____ Residence Address: _____
Phone: _____ Email Address: _____ Website Address: _____

IF THIS DECLARATION IS FOR THE STATE LEGISLATURE, YOU MUST SELECT ONE OF THE FOLLOWING:

- ☐ (a) I hereby affirm that I am either a resident of the county in which I am a candidate, if it contains one or more legislative districts, or of the legislative district if it contains all or parts of more than one county, OR
- ☐ (b) I hereby affirm that I will meet the residency qualification(s) in (a) above for 6 months preceding the general election and will notify the office of the Secretary of State in writing when I qualify or if I do not qualify.

FILING FEE – FEE MUST BE PAID BEFORE FILING IS VALID:

☒ Candidate Filing Fee, if applicable, in the amount of \$ 1232.00 is hereby submitted with this Declaration and Oath of Candidacy.

OATH OF CANDIDACY - CANDIDATE MUST SIGN IN THE PRESENCE OF A NOTARY PUBLIC OR AN OFFICER OF THE OFFICE WHERE THIS FORM IS FILED:

I hereby affirm that I possess, or will possess within constitutional and statutory deadlines, the qualifications prescribed by the Constitution and laws of the United States and the State of Montana.

Sheila R. Kolar
Signature of Candidate

4/13/2021
Date

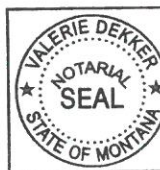
NOTARY PUBLIC OR AUTHORIZED OFFICER

State of Montana

County of Yellowstone

Signed and sworn to before me this 22nd day of April, 2021 by Sheila R Kolar
Printed Name of Candidate

Valerie Dekker
Signature of Notary or Public Official



VALERIE DEKKER
NOTARY PUBLIC for the
State of Montana
Residing at Billings, Montana
Commission #: 20200615
My Commission Expires
May 5, 2024

Valerie Dekker
Printed Name of Notary Public

Notary Public for the State of MT

Residing at: Billings

My commission expires: 5-5, 2024

[SEAL/STAMP]

**Where to file Federal, Statewide,
State District and Legislative offices:**
Montana Secretary of State
P.O. Box 202801
State Capitol Building, 1301 E. 6th Ave
2nd Floor, Room 260
Helena, MT 59620
Online: sosmt.gov/elections/filing/
Fax: 406-444-2023

**Where to file County, City and most
Local District offices:**

County Election Office
A list of county election offices may be
found at: sosmt.gov/elections